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Effectiveness of the Traumatic Counseling Model for Reducing PTSD Symptoms in High School Students

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ABSTRACT

The objective of this research is to evaluate the effectivity of the model to reduce PTSD Symptoms on high school students in Surabaya. An experiment research with pre—test and post—test to a control group is conducted. The subjects of this research are high school students who have traumatic experience. A random sampling method is used to determine the subjects. The chosen subjects are 40 students whose are divided into four groups of 10. They are (i) a group that is treated by a cognitive behavioural counselling (CB), (ii) a group that is treated by the EMDR counselling, (iii) a group that is treated by the egostate counselling, and (iv) a control group. The instrument used in the research is IES-R (The Impact of even Scale-Revised). The experiment is conducted by 10 counsellors for 6 meetings of 60 minutes. The treatment is following the protocol of counselling traumatic model. The observed data is then analysed by a descriptive statistics and analysis of variance (ANOVA). The results of the analysis show that the value of F inter group is 230.39; df = 3.36; sig = 0.00. The results of significance test prove that there is a significant difference between average post—test marks of groups which are treated by CB, EMDR, egostat, and control. It can be concluded that the hypothesis of “there is a difference between average post—test marks of groups which are treated by CB, EMDR, egostat, and control can be accepted. The results of the analysis also show that the most effective method used in treating a traumatic students is the egostate counselling since the reduction of traumatic score is the most. Therefore, the developed traumatic counseling model is effective to reduce the PTSD Symptoms on the high school students in Surabaya.

Keywords: *traumatic counseling, development, students, trauma, reduce*

1. INTRODUCTION

A traumatic experience causes one unhappy. One who has a trauma tends to avoid, highly anxious, depression, always remember his or her bad experiences, to suspicious, to much alert, and his or her emotion is numb [1]. A traumatic experience happens when somebody experiences or sees something that threatened him or her and he or she responses with fearness and helpless [2][3]. The events can be uncommon cases such as raping, natural disasters, accidents, sexual abuses, war, or torturing [3][4]. These traumatic experiences are like catalisators to remember his or her bad experiences.

Another effect of a trauma is that somebody cannot control his or her emotion. The results of some researches showed that a person who has trauma indicated that a part of his or her brain becoming more active and uncontrolled [3][5][6]. Therefore, one who has a traumatic experience must have psychological help to reduce his or her mental disorder. Moreover, Carll [4] stated that a traumatic experience causes one to have post-trauma stress (Post Traumatic Stress Disorder/ PTSD) such as exaggerated fearness, helpless, and anxious. The main symptom of PTSD is he or she feel the traumatic experience happens again and again (such as nightmare, unclear mind, and

always remembering the traumatic experience); avoid anything that can lead to remember his or her traumatic experience (such as to avoid idea, people, activity, and anything related to the traumatic incident); difficult to concentrate, insomnia, or anger [2] [3] [7].

The fact shows that violence in Indonesia, such as human disaster, tend to grow and widespread its issues and perpetrators. It has been reported in year 2010 – 2014, the Childrean Protection National Commission of Indonesia (Komisi Nasional Perlindungan Anak Indonesia) reported 21,869,797 cases of violation to children rights, which widespread at 179 districts and towns of 34 provinces. 42% – 58% of the cases were sexual abuse to children. The rest of cases were physical abuse and abandonment to children [8]. Sexual abuse to children will give longlasting impact to the those children. The impact can cause impact on health and longlasting trauma, as well, until they are adult. In the short period, the trauma causes nightmare, exaggerated fearness to others, and not-focus.

Some other experiences such as witnessing a scary event (death of somebody due to swept away by a wave, landslides, run over by a vehicle, torturing, exposed to a grenade or bomb, beheaded, got shot, massacre or extraordinary brutality actions) can cause trauma. Maybe,

their bad own experience such as threatened their safety to dead due to a riot, natural disaster, tsunami, flash flood, volcano eruption, war, other violence actions, attempted murder, physical or metaly-emotionally persecution, hostage, kidnapping, robbery, or accidents that can also cause trauma.

Nowadays, trauma not only happens in public environment, but also happens in education environment, including schools. An interesting fact is that mostly trauma experienced to students when they are studying at schools. Tribunnews.com [9] wrote that an elementary student in Madiun, East Java did not want going to school since he was trauma due to his experience to be hit by his teacher on his head by a ruller. Most traumatic victims are students and the perpetrators are their school teachers. Tempo.co.id [10] wrote the traumatic student due to a fatal accident of a bus which was boarded by the group of students of SMA Al Huda Cengkareng, West Jakarta. Okawa & Hauss [11] stated that one who was experiencing abuse can suffer trauma with the symptoms of exaggerated anxiety, avoid social relationship, unstable emotion, and depression.

Mostly, especially children and adolescents, who has experienced traumatic events (stressors) will suffer trauma. It is because, they are not mature enough and they do not have appropriate ability for coping stress [12]. The emotional respons to psychological trauma of an individual can be identified through his or her coping pattern and defence mechanism. At each development stage, children have different coping patterns and defence mechanism. At early ages, fearness of children can be seen clearly and mostly is expressed by crying, trembling, or hugging their parents tightly. When they grow older, they tend to hide their fearness and worry. Consequently, they develop self defence mechanisms.

A basic defence mechanism develops by children or teenagers is introjection (to internalize an external experience into themselves), identification (put other persons characteristics into themselves), deny (change a reality to be something they like), and repression (push out their unwilling feelings, memories, and mind into subconscious).

Theid defence pattern is most often not effective since there is a repression to their feeling that should be expressed out. As a consequence, their trauma gives a long time psychological effect, namely a post traumatic stress or known as a Post Traumatic Stress Disorder (PTSD), that inhibits their mental development [12]. Treatments for these persons is by helping them to express their affection and cognition respons.

A PTSD comes from (i) a stimulation from an incident, i.e. an incident that causes trauma inserting into one cognition, and (ii) a cognition incident that is stored in one memory in two forms (a) subconscious information and (b) conscious information. This cognition incident can be a starting point (base) to understand a PTSD experience. The development of a cognition incident is influenced by environment and sociocultural context and it influences one personality by showing a PTSD symptom.

A person who suffer PTSD shows some following symptoms: (i) re-experiencing traumatic incidents in the forms of flashback memories, nightmares, or fearness. Their trauma is exposed when they see incidents or object related to their trauma causes. A person with PTSD is mostly numness, insomnia, stress, anxious, easy to get angry, or exploded angry, and strong guiltiness.

All incidents can be a trigger to trauma. The failure in coping and adaptation of one to the traumatic experiences can be a snow ball and deeply influence him or her, long lasting, and perhaps cannot be changed. In an extreme impact it can be a social deprivation. Neglecting these impacts is not only influencing the suffered one, but also to others, including their next generation (children and grand children).

Most often, one who experiencing a traumatic incident and cannot coping and adapting with it need a help from counselor to solve he or her problems. However, until now, the help to traumatic students has not been optimal. An early survey in some schools or other institutions that handle traumatic students shows that these institution do not have therapy models for helping these students. Therefore, a counseling model and procedure that can be used to help these students needs to be developed such that counselors can help these students more easily.

One of methods that is usually used by school counselors to help traumatic students is the traumatic counseling. The objectives of this counseling are (1) getting rid of traumatic memories; (2) increasing rational thinking; (3) evoking interest to life reality; (4) recover selfconfidence; (6) rejuvenate stickiness and linkage to others who can give support and attention; and (6) emotional concern and bring back their meaning and life purpose.

The existing traumatic model is focus on the cognitive-behavior counseling (CB couns.) [13], the ego - state counseling (ES couns.) [14], and the EMDR (Eye Movement Desensitization and Reprocesing) counseling [15].

2. METHOD

In this study, an experimental research design with pretest-posttest control group design is utilized. The subjects of this research are high school students who have traumatic experiences. A random sampling method is used to determine the subjects. The chosen subjects are 40 students whose are devided into four groups of 10. They are (i) a group that is treated by a cognitive behavioural counselling (CB), (ii) a group that is treated by the EMDR counseling, (iii) a group that is treated by the egostate counselling, and (iv) a control group. The instrument used in the research is IES-R (The Impact of even Scale-Revised). The experiment is conducted by 10 counselors for 6 meetings of 60 minutes. The treatment is following the protocol of counselling traumatic model and the data is observed. The observed data is then analyzed by a descriptive statistic and analysis of variance (ANOVA) using the SPSS tipe 23.0 for Windows.

3. RESULT AND DISCUSSION

3.1. RESULT

The results of one path variance analysis to the traumatic scores of subjects whose treated by Cognitive Behavior Counseling, EMDR counseling, Ego-State counseling, and the control group are presented in Table 1.

Table 1. one path variance analysis to the traumatic scores

	Sum of Squares	df	Mean Square	F	Sig
Between Groups	65048.675	3.36	21682.892	230.39	0.0
Within Groups	3388.1	36	94.114		
Total	68436.775	39			

From Table 1, it can be seen that between group analysis gives the following values: $F = 230.39$, $df = 3.36$, and $sig = 0.0$. The significant test shows that the difference of mean values of post test amongst groups of subjects whose treated by the cognitif behavior counseling, the EMDR counseling, the ego state counseling, and the control group is strongly significant. It can be seen in Table 2 that showing the comparison values of analysis among four treatment methods.

Table 2. The comparison values of analysis among four treatment methods.

	N	Mean
Cognitif Behavior (A1)	10	20.60
EMDR (A2)	10	34.90
Ego State (A3)	10	11.40
Tanpa Perlakuan (A4)	10	113.40

Therefore, the hypothesis that “there is a difference value of post test of traumatic scores amongst groups of subjects whose treated by the cognitif behavior counseling, the EMDR counseling, the ego state counseling, and the control group is strongly significant” is proven. Table 3 shows the post test mean values of each group and the results of t-test among groups after they have been treated.

Table 3 the post test mean values of each group and the results of t-test among groups after they have been treated (Multiple Comparisons).

(I) Counseling Model	(J) Counseling Model	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
Cognitif Behavior (A1)	EMDR (A2)	-14.3	4.339	.002	-23.1	-5.5
	Ego State (A3)	9.2	4.339	0.41	.4	18.0
	Control group (A4)	-92.8	4.339	.0	-101.6	-84.0
EMDR (A2)	Cognitif Behavior (A1)	14.3*	4.339	.002	5.5	23.1
	Ego State (A3)	23.5*	4.339	.0	14.7	32.3
	Control group (A4)	-78.5*	4.339	.0	-87.3	-69.7
Ego State (A3)	Cognitif Behavior (A1)	-9.2*	4.339	.041	-18.0	-.4
	EMDR (A2)	-23.5*	4.339	.0	-32.3	-14.7
	Control group (A4)	-102.0*	4.339	.0	-110.8	-93.2
Control group (A4)	Cognitif Behavior (A1)	92.8*	4.339	.0	84.0	101.6
	EMDR (A2)	78.5*	4.339	.0	69.7	87.3
	Ego State (A3)	102.0*	4.339	.0	93.2	110.8

*= The mean difference is significant at the 0.05 level.

It can be seen that the group that is treated by using the Ego-State counseling reaches the highest decreasing

level of trauma compares to the groups that are treated by using the Cognitive Behavior counseling and the EMDR counseling. It concludes that the hypothesis of “the ego-state counseling is the most effective compares to the cognitive behavior counseling and the EMDR counseling to treat traumatic students” can be accepted.

The data of traumatic scores, before and after the treatment, is analyzed descriptively and reported. Selfreports of subjects that are collected during the counseling session are also reported. Figure 1 presents the traumatic scores of subjects before and after the treatment.

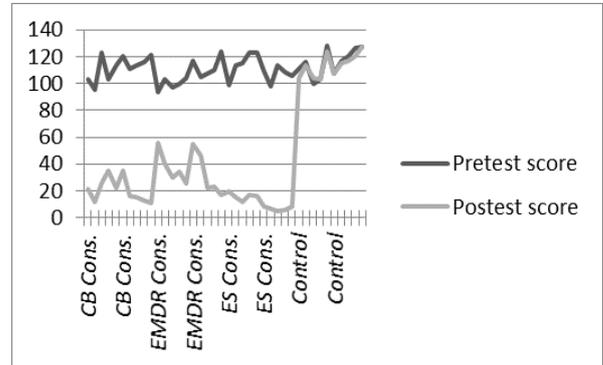


Figure 1 The traumatic scores of subjects before and after the treatment.

Remarks:

- CB Cons. = Cognitive Behavior Counseling
- EMDR Cons. = EMDR Counseling
- ES Cons. = Ego-State Counseling
- Control = Control Group
- = pre-test of trauma
- = post-test of trauma

From Figure 1, it can be seen that all treated subjects using different method of counseling (CB, EMDR, ES) get decreasing value of traumatic scores. On the other hand, the control group does not show a clear pattern; i.e. some of them get decreasing value; some of them get the same value; and some of them get the increasing value of traumatic scores.

The detail classification shown in the Figure 1 can be explained below. There are 10 subject get decreasing value of traumatic scores after they have been treated using the CB counseling. Similar case happens also to subjects who have been treated using the EMDR counseling. All subjects who are treated using the Ego State counseling get decreasing value of traumatic scores. In the control group, eventhough some subjects get decreasing value of traumatic scores, however, the number is not significant. On the contrary, the comparison traumatic scores obtained in the pre-test and post-test in the control group shows that 3 subjects get increasing value of traumatic scores and 3 subjects get the same scores.

3.2. DISCUSSION

It has been shown that there is significant difference of traumatic scores of subjects who have been treated by

different method of counseling compared to the control group. It can be proven that the CB, EMDR, and ES counseling methods is able to decrease trauma of subjects. This finding is in accordance with the previous research results conducted by Wolpe [16], Emerson [17], Erford [18] Forgash [19] and Nursalim [20] who stated that the cognitive behavior, EMDR, and Ego state counseling methods were able to decrease different types of trauma of persons from different level of age.

The lowering post test scores of the experimented subjects show the healing of trauma is caused by the treatment using the cognitive behavior, EMDR, and Ego state counseling methods. Moreover, the research shows that the EMDR and CB counseling methods have the same potential to heal the traumatic persons. However, the ego state counseling method is the most effective one to healing the traumatic persons. The hypothesis of “the ego state counseling method is more effective compares to the EMDR and CB counseling methods” is proven.

Some reasons why the ego state counseling method is the most effective to heal the traumatic subjects is because during the counseling process the main cause and source of trauma can be solved, clients have high motivation to do their assignment since they want to reduce their trauma, and counselors give the best services such that the clients can change optimally

The results of descriptive analysis show that subjects in experimental groups have tried to practice the treatment to face their trauma dan almost all subjects have high motivation to change. Therefore, its is make sence if the traumatic scores decfeasing. It is similar to what Beutler [21] wrote in his paper, that the success of a therapy is mostly depended on motivation and involvement of the clients during the therapy processes.

In the control group, there are 6 subjects who have lower traumatic scores in the post test. The decrease is only a small value and not significant. The decrease of scores is because there is a natural change of the subjects. It is consistent to Beutler [21] that is possible a person can heal his or her trauma naturally without any treatment.

Eventhough the CB, EMDR, and Ego state counseling method are effective to treat trauma, however, there are some limitation, Firstly, this research does not use a follow up for testing the effectivity of the treatment, therefore, in the next research a follow up must be included. Secondly, this research uses individual counseling, therefore, in the next research a group counseling needs to be conducted.

Eventhough, there are some limitation in this research, the results of this research give a substantial contribution related to treat traumatic students by using cognitive

behavior, EMDR, and Egostate counseling methods. The results of this research are consistent to other findings related to efication od cognitive behavior, EMDR, and Egostate counseling methods to heal trauma.

4. CONCLUSION

Three traumatic counseling models (Cognitive Behavior, EMDR, Egostate) are effective to reduce the trauma. The most effective model is the Ego state counseling model since it can reduce the most traumatic scores of the subjects. It can be said that all three models are effective to be used for treating traumatic students of a highscool in Surabaya.

Some suggestions are given below. Egostate counseling method are effective to treat trauma, however, there are some limitation, Firstly, this research does not use a follow up for testing the effectivity of the treatment, therefore, in the next research a follow up must be included. Secondly, this research uses individual counseling, therefore, in the next research a group counseling needs to be conducted. A dissemination of this results needs to be conducted, mainly to guidance and counseling teachers in high schools such that these methods can be applied to help traumatic high school students.

REFERENCES

- [1] Litz, B. T. Emotional Numbering In Combat Related Post Traumatic Stress Disorder: A Critical Review and Reformation. *Clinical Psychology Review*, 12,417–432. 1992.
- [2] Forgash, Carol & Jim Knipe. Integrating EMDR and Ego state Therapy for Client with Trauma Disorder. In Carol L. Forgash and Margaret Copeley, *Healing Trauma with EMDR and Ego state Therapy*. (pp. 91-120). New York, NY : Springer Publishing. 2008.
- [3] Carll, Elizabeth K. *Trauma Psychology: Issues In Violence, Disaster, Health, and Illness*. United Kingdom: Greenwood Publishing Group, Inc. 2007.
- [4] Barabasz, Arreed, Marianne Barabasz & Jhon G. Watkins. “Single-Session Manualized Ego State Therapy For Combat Stress Injury, Post Traumatic Stress Disorder, Acuted Stress Disorder, Part 1 : The Theory”. *International Journal of Clinical and Experimen-tal Hypnosis*, 59, 379-391. 2011.
- [5] Hull, A. M. Neuroimaging Findings In Post Traumatic Stress Disorder. *British Journal of Psychiatry*, 181, 102–110. 2002.
- [6] Van der Kolk, B. *Psychobiology of Post Traumatic Stress Disorder*. In J. Panksepp (Ed.), *Text Book of Biological Psychiatry* (pp. 319–344). New York, NY: Wiley-Liss. 1994.

- [7] Herman, J. L. Trauma and recovery: The aftermath of violence—From domestic abuse to political terror. New York: Basic Books. 1992. *Journal of Social and Clinical Psychology*, 1(3), 231–245. 1983.
- [8] Wikipedia. Kekerasan terhadap Perempuan. https://id.wikipedia.org/wiki/Komisi_Nasional_Anti_Kekerasan_terhadap_Pemempuan 2014.
- [9] <https://www.tribunnews.com/regional/2014/08/28/siswa-sd-di-madiun-mogok-sekolah-setelah-trauma-dua-kali-dipukul-gurunya>
- [10] <https://metro.tempo.co/read/586217/siswa-trauma-sma-al-huda-ganti-bus>. 2014.
- [11] Okawa, Judy B. & Ronda B Hauss. The Trauma of Politically Motivated Torture. In Elizabeth K. Carll, Trauma Psychology: Issues In Violence, Disaster, Health, and Illness. (pp. 33-60) United Kingdom: Greenwood Publishing Group, Inc. 2007.
- [12] Sukmaningrum, Avi. “Terapi Bermain sebagai Salah Satu Alternatif Penanganan Pasca Trauma Pada Anak”. *Jurnal Psikologi*, Vol. 8, No. 2 hal 14-23. September 2001.
- [13] Corey, G. Theory and Practice of Counseling and Psychotherapy, USA: Brooks/Cole Thomson Learning. 2001.
- [14] Watkins, Jhon G. & Watkins, Helen H. Ego state: Theory and Therapy. New York, NY: Norton & Company. 1997.
- [15] Shapiro, F. Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures. New York: The Guilford Press. 1995.
- [16] Wolpe, J. The Practice Of Behavior Therapy (3rd ed.). New York: Pergamon. 1996.
- [17] Emmerson, G. Ego State Therapy. Carmethen, United Kingdom : Crown House. 2007.
- [18] Erford, B.T. Meta-Analysis : Counseling Outcomes for Youth with Anxiety Disorder. *Journal of Mental Health Counseling*, 37 (1) 63 – 94. 2015.
- [19] Forgash, C., & Knipe, J. “Safety-focused EMDR/ego state treatment of dissociative disorders”. Workshop presented at the EMDR International Association Annual Conference, Austin,TX. 2008.
- [20] Nursalim, M., Hidayah, N. Atmoko, A, & Radjah, C.L. “Ego state therapy (EST) and Systemic Desensitization (SD) to Reduce School Refusal among Senior High School Students. *Indian Journal of Public Health Research & Development*, Januari, vol 11, No. 01. 1254- 159. 2020.
- [21] Beutler, L. E., Arizmendi, T. G., Crago, M., Shanfield, S. B., & Hagaman, R. “The effects of value similarity and clients’ persuadability on value convergence and psychotherapy improvement”.